

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9125</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>ALBERT</u> <u>H. CAMELIO, JR</u> P O Box Bldg Room No if any <u># 204</u> Street <u>2500 VIA CABRILLO MARINA</u> City <u>SAN PEDRO</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90731</u>	4 Name file number and address of labor organization Name <u>DISTRICT NO 2 - PCO, MEBA, AFL-CIO</u> Labor Organization File Number <u>066-581</u> P O Box Building and Room Number if any <u>#800</u> Street <u>444 N CAPITOL STREET N W</u> City <u>WASHINGTON</u> State <u>D.C</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>BRANCH AGENT, MEBA LOS ANGELES</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)		
Signed <u>Albert H Camelio, Jr</u>	On <u>8/12/05</u> Date	<u>(310) 548-7358</u> Telephone Number

Name of Person Filing ALBERT H CAMELIO, JR	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name VEDDER PRICE KAUFMAN & KAMMHOFF, PC Trade Name if any VEDDER PRICE P O Box Bldg Room No if any SUITE 2600 Street 222 N LASALLE ST City CHICAGO State IL ZIP Code + 4 60601	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
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10 If 9 b or 9 c is checked give trust or employer's name Name MEBA BENEFIT PLANS Trade Name if any _____ P O Box Bldg. Room No if any _____ Street 1007 EASTERN AVENUE City BALTIMORE State MD ZIP Code + 4 21202	11 a Nature of such dealing VEDDER PRICE IS CO-COUNSEL TO THE MEBA BENEFIT PLANS WHICH ARE JOINTLY-TRUSTEED, MULTIEMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS WHO ARE REPRESENTED BY THE MEBA 11 b Approximate dollar value of such dealing \$139.00 12 a Nature of Interest held or income received THE AMOUNT IDENTIFIED IN BOX 11b IS FOR A DINNER I ATTENDED ON 6/22/04 AT GIBSON'S RESTAURANT IN CHICAGO, HOSTED BY VEDDER PRICE I WAS ATTENDING A BOARD OF TRUSTEE MEETING IN CHICAGO 12 b Amount _____
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C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment. _____